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PTO/SB/08A Substitute for Form PTO-1449		Application Number	09/161,283
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)		Filing Date	September 28, 1998
		First Named Inventor	MAEKAWA
		Art Unit	1773
		Examiner Name	K. Kruer
Sheet	1 of 1	Attorney Docket	7372/70988

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup>			
		US-			
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		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup>			
		JP 4-18346 A	01/22/1992	Ken et al.	

Examiner Signature		Date Considered	
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<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kind Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04.  
<sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

## INFORMATION DISCLOSURE STATEMENT

Applicant: Tomohiro MAEKAWA

Appln. No.: Unassigned

Filing Date: September 28, 1998

Examiner: Unknown

Group Art Unit: Unknown

Date: September 28, 1998

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## U.S. PATENT DOCUMENTS

Examiner's Initials*		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	SubClass	Filing Date (if appropriate)
	AR						
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	CR						
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	KR						
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## FOREIGN PATENT DOCUMENTS

		Document Number	Date MM/YYYY	Country	Inventor Name	Class	SubClass	English Abstract		Translation Readily Available	
								Enclosed	No	Enclose	No
	OR	9-208789 A	08/1997	JAPAN	—	—	—	X		<input type="checkbox"/>	X
	PR	8-198976	08/1996	JAPAN	—	—	—	X		<input type="checkbox"/>	X
	QR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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